

Effective October 1, 2000

Application or Docket Number

D-SH0-301

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			16				ĺ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(6 mir	nus 20=	· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = *					X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					105			070		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		+135=	200	OR	+270=		
••			MENDED - PART II					TOTAL	355	OR	TOTAL	-	
	C	(Column 1)	(Column 2) (Column 3)					SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIP			E DEPENDENT CLAIN			Ì	+135=	-	1	+270=		
								TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		OR	ADDIT. FEE		
AMENDMENT B	(CLAIMS REMAINING AFTER		HIGH NUM	HEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT *	Minus	PAID	FOR				FEE			FEE	
	Independent	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	·	<u> </u>	MULTIPLE DEPENDENT		Γ CLAIM			X40=		OR	X80=		
										OR	+270=		
			-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,			PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		CLAIM		╽┟	105					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	lent) is the	e highest number	r fou	nd in the app	propriate box	x in col	umn 1.		